

Ohio Campaign Finance Report

Prescribed by Secretary of State 02/01

FILED
05 NOV -3 PM 2:42
FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Kevin L. Boyce for City Council Committee						Registration Number, if PAC					
Full Name of Candidate Kevin L. Boyce											
Street Address 250 West Street						Office Sought City Council				District	
City Columbus						State O H		Zip Code 43215			
Type of Report (place X to the left of report type)	<input type="checkbox"/>	Pre-Primary	<input type="checkbox"/>	Post-Primary	<input checked="" type="checkbox"/>	Pre-General	<input type="checkbox"/>	Post-General	<input type="checkbox"/>	Annual Year	
	<input type="checkbox"/>	July	<input type="checkbox"/>	August	<input type="checkbox"/>	September	<input type="checkbox"/>	Termination			
Amended Report?		Report Electronically filed?		Date of Election		M		D		Y	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				1 1		0 8		0 5	

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 70,788.30
2. Total monetary contributions (From Form No. 31-A)	33,673.00
3. Total other income (From Form No. 31-A-2)	0.00
4. Total funds available (sum of lines 1, 2, 3)	104,461.30
5. Total monetary expenditures (From Form No. 31-B)	92,102.95
6. Balance on hand (line 4 minus line 5)	12,358.35
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$
9. Outstanding loans owed by committee (From Form No. 31-C)	\$
10. Outstanding debts owed by committee (From Form No. 31-N)	\$
11. Outstanding loans owed to committee (From Form No. 31-K)	\$
12. Value of independent expenditures made (From Form No. 31-U)	\$
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Aaron L. Granger

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

11/02/05

Date

Contribution
pages **13**

Expenditure
pages **4**

Other
pages **0**

Total
pages **17**

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Kevin L. Boyce for Columbus City Council Committee							
Full Name of Contributor The Committee to Elect Fred Strahorn						Registration Number, if PAC	
Street Address 223 Kenwood			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Dayton			State O H	Zip Code 45406	M 1	D 0	Y 3 1 0 5
Amount 250.00							
Full Name of Contributor Paul Tipps						Registration Number, if PAC	
Street Address 137 East State Street			Employer/Occupation/Labor Organization* State Street Consultants - Lobbyist			Form (Cash, Check, etc.) check	
City Columbus			State O H	Zip Code 43215	M 1	D 0	Y 3 1 0 5
Amount 100.00							
Full Name of Contributor Penny Tipps						Registration Number, if PAC	
Street Address 6641 Sunbury Road			Employer/Occupation/Labor Organization* State Street Consultants - Lobbyist			Form (Cash, Check, etc.) check	
City Westerville			State O H	Zip Code 43082	M 1	D 0	Y 3 1 0 5
Amount 100.00							
Full Name of Contributor Colleen A. Lora						Registration Number, if PAC	
Street Address 100 Montrose Way			Employer/Occupation/Labor Organization* State Street Consultants - Lobbyist			Form (Cash, Check, etc.) check	
City Columbus			State O H	Zip Code 43214	M 1	D 0	Y 3 1 0 5
Amount 100.00							
Full Name of Contributor Gregory B. Comfort						Registration Number, if PAC	
Street Address 2275 Onandaga Drive			Employer/Occupation/Labor Organization* EMH & T - Engineer			Form (Cash, Check, etc.) check	
City Columbus			State O H	Zip Code 43221	M 1	D 0	Y 3 1 0 5
Amount 500.00							
Full Name of Contributor Jeff Miller						Registration Number, if PAC	
Street Address 6674 Hermitage Drive South			Employer/Occupation/Labor Organization* EMH & T - Engineer			Form (Cash, Check, etc.) check	
City Westerville			State O H	Zip Code 43082	M 1	D 0	Y 3 1 0 5
Amount 500.00							
Full Name of Contributor Citizens for Habash						Registration Number, if PAC	
Street Address 404 South Chersterfield Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus			State O H	Zip Code 43209	M 1	D 0	Y 3 1 0 5
Amount 18,000.00							
Full Name of Contributor Mark J. Weber						Registration Number, if PAC	
Street Address 3227 Glengyle Ave.			Employer/Occupation/Labor Organization* Keating, Muething & Klekamp - Attny			Form (Cash, Check, etc.) check	
City Cincinnati			State O H	Zip Code 45208	M 1	D 0	Y 3 1 0 5
Amount 250.00							

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 19,800.00

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Kevin L. Boyce for City Council Committee							
Full Name of Contributor Jonathan C. Beard					Registration Number, if PAC		
Street Address 1815 Franklin Park South		Employer/Occupation/Labor Organization Columbus Compact Corp.			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43205	M 1	D 0	Y 3	Amount 50.00	
Full Name of Contributor Coleman for Columbus					Registration Number, if PAC		
Street Address 3886 N. High St.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43214	M 1	D 0	Y 3	Amount 2,000.00	
Full Name of Contributor Columbus Franklin County AFL-CIO					Registration Number, if PAC PEC		
Street Address 1545 Alum Creek Dr., 2nd Floor		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43209	M 1	D 0	Y 3	Amount 200.00	
Full Name of Contributor Plumbing & Pipefitting Industry Local 189					Registration Number, if PAC LA 1212		
Street Address 1250 Kinnear Rd.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43212	M 1	D 0	Y 3	Amount 300.00	
Full Name of Contributor Mark A. Wagenbrenner					Registration Number, if PAC		
Street Address 1289 Grandview Ave.		Employer/Occupation/Labor Organization The Wagnebrenner Company - owner			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43212	M 1	D 0	Y 3	Amount 1,000.00	
Full Name of Contributor Mentel for Council					Registration Number, if PAC		
Street Address 3886 N. High St.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43214	M 1	D 0	Y 3	Amount 3,000.00	
Full Name of Contributor Resources PAC					Registration Number, if PAC CP 1076		
Street Address 17 S. High St., Ste. 245		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 1	D 1	Y 0	Amount 200.00	
Full Name of Contributor Joyce E. Bushman					Registration Number, if PAC		
Street Address 125 Mackenzie Dr.		Employer/Occupation/Labor Organization City of Columbus - Chief of Staff			Form (Cash, Check, etc.) check		
City Pickerington	State O H	Zip Code 43147	M 1	D 1	Y 0	Amount 50.00	

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed.

If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must

appear. R.C. 3517.10(B)(4)

Page Total \$ 6,800.00

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Kevin L. Boyce for City Council Committee							
Full Name of Contributor Jeffrey E. Whitney					Registration Number, if PAC		
Street Address 19122 Raymond Rd.		Employer/Occupation/Labor Organization Wendy's International			Form (Cash, Check, etc.) check		
City Marysville	State O	Zip Code H 43040	M 1	D 1	Y 0	Amount 50.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed.
If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

Page Total \$ 50.00

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Kevin L. Boyce for City Council Committee							
Full Name of Contributor Contributions from form No. 31-E						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
			1	0	0	7	500.00
Full Name of Contributor Contributions from form No. 31-E						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
			1	0	1	3	2,050.00
Full Name of Contributor Contributions from form No. 31-E						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
			1	0	1	9	3,625.00
Full Name of Contributor Contributions from form No. 31-E						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
			1	0	2	1	50.00
Full Name of Contributor Contributions from form No. 31-E						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
			1	0	2	7	798.00
Full Name of Contributor Contributions from form No. 31-E						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor Contributions from form No. 31-E						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	

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If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

Page Total \$ 7,023.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Kevin L. Boyce for City Council Committee					
Full Name of Contributor David B. Perry				Registration Number, if PAC	
Street Address 6651 Dutch Lane Rd.		Employer/Occupation/Labor Organization* David Perry Co., Owner		M 1	D 0
City Johnstown		State O H		Y 3	Amount 500.00
		Zip Code 43031		Form(Cash,Check,etc) check	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State		Y	Amount
		Zip Code		Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State		Y	Amount
		Zip Code		Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State		Y	Amount
		Zip Code		Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State		Y	Amount
		Zip Code		Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State		Y	Amount
		Zip Code		Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State		Y	Amount
		Zip Code		Form(Cash,Check,etc)	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

500.00

Total expenditures this event

0.00

Page Total \$ **500.00**

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Kevin L. Boyce for City Council Committee					
Full Name of Contributor Linda R. Ridihalgh				Registration Number, if PAC	
Street Address 2112 Iuka Ave.	Employer/Occupation/Labor Organization* not employed		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43201	Form(Cash,Check,etc) check		Amount 50.00
Full Name of Contributor John Raphael				Registration Number, if PAC	
Street Address 261 East North Broadway	Employer/Occupation/Labor Organization* The Raphael Co. - Lobbyist		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43214	Form(Cash,Check,etc) check		Amount 1,250.00
Full Name of Contributor Martin M. Savko				Registration Number, if PAC	
Street Address 675 Lindsey Marie Lane	Employer/Occupation/Labor Organization* Savko & Sons		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43235	Form(Cash,Check,etc) check		Amount 750.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

2,050.00

Total expenditures this event

0.00

Page Total \$ 2,050.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Kevin L. Boyce for City Council Committee						Registration Number, if PAC	
Full Name of Contributor Thomas E. Szykowny						Registration Number, if PAC OH109	
Street Address 250 South Parkview Ave.		Employer/Occupation/Labor Organization* Self - Attorney		M 1	D 0	Y 3	Amount 200.00
City Bexley		State O	H H	Zip Code 43209		Form(Cash,Check,etc) check	
Full Name of Contributor Vorys Sater Seymour & Pease LLP						Registration Number, if PAC OH109	
Street Address 52 East Gay Street		Employer/Occupation/Labor Organization* Self - Attorney		M 1	D 0	Y 3	Amount 300.00
City Columbus		State O	H H	Zip Code 43054		Form(Cash,Check,etc) check	
Full Name of Contributor Judy Tuckerman						Registration Number, if PAC OH109	
Street Address 5000 Kitzmiller Rd.		Employer/Occupation/Labor Organization* Housewife		M 1	D 0	Y 3	Amount 25.00
City New Albany		State O	H H	Zip Code 43054		Form(Cash,Check,etc) check	
Full Name of Contributor Martha S. Ingram						Registration Number, if PAC OH109	
Street Address 3 New Albany Farms		Employer/Occupation/Labor Organization* White Castle		M 1	D 0	Y 3	Amount 250.00
City New Albany		State O	H H	Zip Code 43054		Form(Cash,Check,etc) check	
Full Name of Contributor Susan Tomasky						Registration Number, if PAC OH109	
Street Address 90 Ashbourne Rd.		Employer/Occupation/Labor Organization* AEP		M 1	D 0	Y 3	Amount 250.00
City Bexley		State O	H H	Zip Code 43209		Form(Cash,Check,etc) check	
Full Name of Contributor Judy Tuckerman						Registration Number, if PAC OH109	
Street Address 90 Ashbourne Rd.		Employer/Occupation/Labor Organization* Housewife		M 1	D 0	Y 3	Amount 100.00
City Bexley		State O	H H	Zip Code 43209		Form(Cash,Check,etc) check	
Full Name of Contributor Donald B. Shackelford						Registration Number, if PAC OH109	
Street Address 21 E. State St., Ste. 1400		Employer/Occupation/Labor Organization* Fifth Third Bank - Chair		M 1	D 0	Y 3	Amount 2,500.00
City Columbus		State O	H H	Zip Code 43215		Form(Cash,Check,etc) check	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

3,625.00

Total expenditures this event

0.00

Page Total \$ 3,625.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Kevin L. Boyce for City Council Committee					
Full Name of Contributor Angela C. Vancleaf				Registration Number, if PAC	
Street Address 4327 Grays Market Dr.	Employer/Occupation/Labor Organization* Discover Network Serv. - Cust. Serv.		M 1	D 03	Y 105
City Gahanna	State O	Zip Code H 43230	Form(Cash,Check,etc) check		Amount 25.00
Full Name of Contributor Monica J. Gillison				Registration Number, if PAC	
Street Address 210 Briarwood Ct.	Employer/Occupation/Labor Organization*		M 1	D 03	Y 105
City Westerville	State O	Zip Code H 43081	Form(Cash,Check,etc) check		Amount 25.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

50.00

Total expenditures this event

0.00

Page Total \$ 50.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Kevin L. Boyce for City Council Committee					
Full Name of Contributor Michael A. Link				Registration Number, if PAC	
Street Address 3741 Pendlestone Dr.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43230	Amount 100.00	Form(Cash,Check,etc) check	
Full Name of Contributor Natasha Davis				Registration Number, if PAC	
Street Address 2264 Lila Way	Employer/Occupation/Labor Organization* MPW Industrial Services, Inc. - Attorney		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43235	Amount 50.00	Form(Cash,Check,etc) cash	
Full Name of Contributor Shanda Harris				Registration Number, if PAC	
Street Address 2775 Preston Club	Employer/Occupation/Labor Organization* Columbus Sate - Small Bus. Development		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43219	Amount 25.00	Form(Cash,Check,etc) cash	
Full Name of Contributor Rodney Mangham				Registration Number, if PAC	
Street Address 1011 Atlantic Ave., Apt. 819	Employer/Occupation/Labor Organization* YMCA - Employment Specialist		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43229	Amount 3.00	Form(Cash,Check,etc) cash	
Full Name of Contributor Jeremy Neely				Registration Number, if PAC	
Street Address 1921 Mountain Oak Rd.	Employer/Occupation/Labor Organization* Cols. City Parks & Rec. - Rec. Worker		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43219	Amount 10.00	Form(Cash,Check,etc) cash	
Full Name of Contributor Jarrett Neely				Registration Number, if PAC	
Street Address 1921 Mountain Oak Rd.	Employer/Occupation/Labor Organization* unemployed		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43204	Amount 15.00	Form(Cash,Check,etc) cash	
Full Name of Contributor Michael Cole				Registration Number, if PAC	
Street Address 350 S. Huron	Employer/Occupation/Labor Organization* Toth Communications - Host/Exec. Prod.		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43204	Amount 30.00	Form(Cash,Check,etc) cash	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 233.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Kevin L. Boyce for City Council Committee						
Full Name of Contributor Niel M. Jurist				Registration Number, if PAC		
Street Address 1183 Thurell Rd.	Employer/Occupation/Labor Organization* IN8 Inner-Prizes - Director		M 1	D 1	Y 0	Amount 10.00
City Columbus	State O	Zip Code 43229	Form(Cash,Check,etc) check			
Full Name of Contributor Cortney J. Lay				Registration Number, if PAC		
Street Address 1550 E. Broad St., Apt. 306	Employer/Occupation/Labor Organization* Shane's Gourmet Restaurant - Chef		M 1	D 1	Y 0	Amount 25.00
City Columbus	State O	Zip Code 43203	Form(Cash,Check,etc) check			
Full Name of Contributor Laura L. Neely				Registration Number, if PAC		
Street Address 498 S. Hamilton Rd., Apt. 43	Employer/Occupation/Labor Organization* Wexner Heritage House - Med. Rec. Asst.		M 1	D 1	Y 0	Amount 25.00
City Columbus	State O	Zip Code 43213	Form(Cash,Check,etc) check			
Full Name of Contributor Jason E. Boyd				Registration Number, if PAC		
Street Address 3651 Cannongate Dr.	Employer/Occupation/Labor Organization* Franlin County - Attorney		M 1	D 1	Y 0	Amount 15.00
City Columbus	State O	Zip Code 43228	Form(Cash,Check,etc) check			
Full Name of Contributor Christina Williams				Registration Number, if PAC		
Street Address 2580 Villa Capri	Employer/Occupation/Labor Organization* Columbus Public Schools - Teacher		M 1	D 1	Y 0	Amount 30.00
City Columbus	State O	Zip Code 43219	Form(Cash,Check,etc) check			
Full Name of Contributor Yakima Nelson				Registration Number, if PAC		
Street Address 7393 Brooke Blvd.	Employer/Occupation/Labor Organization* City of Columbus - Council Aid		M 1	D 1	Y 0	Amount 25.00
City Reynoldsburg	State O	Zip Code 43068	Form(Cash,Check,etc) check			
Full Name of Contributor Aaron M. Riley				Registration Number, if PAC		
Street Address 734 Sheridan Ave.	Employer/Occupation/Labor Organization* Columbus Aids Task Force - Director		M 1	D 1	Y 0	Amount 50.00
City Bexley	State O	Zip Code 43209	Form(Cash,Check,etc) check			

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 180.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Kevin L. Boyce for City Council Committee					
Full Name of Contributor Villia Davidson				Registration Number, if PAC	
Street Address 3153 Thorndyke St.	Employer/Occupation/Labor Organization* Compuware Co. - Bus. Analyst		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43232	Amount 25.00	Form(Cash,Check,etc) check	
Full Name of Contributor Regina K. Johnson				Registration Number, if PAC	
Street Address 2436 Chelsea Ct.	Employer/Occupation/Labor Organization* Ohio State Univ. - Development Officer		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43232	Amount 25.00	Form(Cash,Check,etc) check	
Full Name of Contributor Melissa D. Lamar				Registration Number, if PAC	
Street Address 3278 Lone Spruce Rd	Employer/Occupation/Labor Organization* Columbus State - Project Specialist		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43219	Amount 20.00	Form(Cash,Check,etc) check	
Full Name of Contributor Dwayne D. Reed				Registration Number, if PAC	
Street Address 790 Harves Lane Ct.	Employer/Occupation/Labor Organization* RSC - DCA		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43213	Amount 50.00	Form(Cash,Check,etc) check	
Full Name of Contributor Kalitha E. Williams				Registration Number, if PAC	
Street Address 323 Ashburton Rd.	Employer/Occupation/Labor Organization* CLU - Director		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43213	Amount 15.00	Form(Cash,Check,etc) check	
Full Name of Contributor Fred F. Wilkes				Registration Number, if PAC	
Street Address 2448 Perdue Ave.	Employer/Occupation/Labor Organization* Labor Team - Business Development		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43211	Amount 50.00	Form(Cash,Check,etc) check	
Full Name of Contributor Uri A. Jurist				Registration Number, if PAC	
Street Address 1320 Tranquil Drv.	Employer/Occupation/Labor Organization* Jones Day - Attorney		M 1	D 0	Y 3
City Worthington	State O	Zip Code 43085	Amount 25.00	Form(Cash,Check,etc) check	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 210.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Kevin L. Boyce for City Council Committee					
Full Name of Contributor Angela R. Aikens				Registration Number, if PAC	
Street Address 2369 Liverpool Ct.	Employer/Occupation/Labor Organization* Ross Products - Gov't Contracts		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43229	Form(Cash,Check,etc) check		Amount 25.00
Full Name of Contributor Kimberly Aikens				Registration Number, if PAC	
Street Address 2369 Liverpool Ct.	Employer/Occupation/Labor Organization* Ross Products - Sales Analyst		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43229	Form(Cash,Check,etc) check		Amount 25.00
Full Name of Contributor Angela L. Stanley				Registration Number, if PAC	
Street Address 3064 Dorris Ave.	Employer/Occupation/Labor Organization* Ohio State University - Research Assoc.		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43202	Form(Cash,Check,etc) check		Amount 25.00
Full Name of Contributor Pierrot G. Laurent				Registration Number, if PAC	
Street Address 8504 Amarillo Dr.	Employer/Occupation/Labor Organization* Prudential Financial - Financial Advisor		M 1	D 0	Y 3
City Blacklick	State O	Zip Code 43004	Form(Cash,Check,etc) check		Amount 25.00
Full Name of Contributor Silvina M. Byrd				Registration Number, if PAC	
Street Address 1413 S. Roosevelt Ave.	Employer/Occupation/Labor Organization* MP Total Care		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43209	Form(Cash,Check,etc) check		Amount 10.00
Full Name of Contributor Weirdella Gibbs				Registration Number, if PAC	
Street Address 2331 Argyle Dr.	Employer/Occupation/Labor Organization* CAMACO		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43219	Form(Cash,Check,etc) check		Amount 25.00
Full Name of Contributor Evangeline Woods				Registration Number, if PAC	
Street Address 1672 Rainbow Park	Employer/Occupation/Labor Organization* MATAH Network - Ind. Rep.		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43206	Form(Cash,Check,etc) check		Amount 10.00

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ **145.00**

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Kevin L. Boyce for City Council Committee					
Full Name of Contributor Janelle Simmons				Registration Number, if PAC	
Street Address 2686 Bloom Dr.	Employer/Occupation/Labor Organization* Comm. Shelter Board - Dev & Comm Rel.		M 1	D 0	Y 3
City Columbus	State O	Zip Code H 43219	Form(Cash,Check,etc) cash		Amount 20.00
Full Name of Contributor Geoff Starks				Registration Number, if PAC	
Street Address 265 Beech Dr.	Employer/Occupation/Labor Organization* Bisys Fund Serv. - Fund Specialist		M 1	D 0	Y 3
City Delaware	State O	Zip Code H 43015	Form(Cash,Check,etc) cash		Amount 10.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

798.00

Total expenditures this event

385.00

Page Total \$ 30.00

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Kevin L. Boyce for City Council Committee									
To Whom Paid WBNS TV						M	D	Y	Amount
						1	0	2	5
Address 770 Twin Rivers Dr.						Purpose Media Ad			
City Columbus		State O H		Zip Code 43215		Check Number 1305			
To Whom Paid WBNS TV						M	D	Y	Amount
						1	0	2	5
Address 770 Twin Rivers Dr.						Purpose Media Ad			
City Columbus		State O H		Zip Code 43215		Check Number 1306			
To Whom Paid WCMH TV						M	D	Y	Amount
						1	0	2	5
Address 3165 Olentangy River Rd.						Purpose Media Ad			
City Columbus		State O H		Zip Code 43202		Check Number 1307			
To Whom Paid WCMH TV						M	D	Y	Amount
						1	0	2	5
Address 3165 Olentangy River Rd.						Purpose Media Ad			
City Columbus		State O H		Zip Code 43202		Check Number 1308			
To Whom Paid WSYX TV						M	D	Y	Amount
						1	0	2	5
Address 1261 Dublin Rd.						Purpose Media Ad			
City Columbus		State O H		Zip Code 43215		Check Number 1309			
To Whom Paid WSYX TV						M	D	Y	Amount
						1	0	2	5
Address 1261 Dublin Rd.						Purpose Media Ad			
City Columbus		State O H		Zip Code 43215		Check Number 1310			
To Whom Paid WTTE TV						M	D	Y	Amount
						1	0	2	5
Address 1261 Dublin Rd.						Purpose Media Ad			
City Columbus		State O H		Zip Code 43215		Check Number 1311			
To Whom Paid WWHO TV						M	D	Y	Amount
						1	0	2	5
Address 1160 Dublin Rd.						Purpose Media Ad			
City Columbus		State O H		Zip Code 43215		Check Number 1312			

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Kevin L. Boyce for City Council Committee							
To Whom Paid Kevin L. Boyce				M	D	Y	Amount
				1	0	2	555.00
Address 3184 Sophie St.		Purpose Reimbursement for postage					
City Columbus	State O	H	Zip Code 43219	Check Number 1315			
To Whom Paid Kevin L. Boyce				M	D	Y	Amount
				1	0	2	214.00
Address 3184 Sophie St.		Purpose Reimbursement for Breakfast					
City Columbus	State O	H	Zip Code 43219	Check Number 1316			
To Whom Paid Stephen Hightower				M	D	Y	Amount
				1	0	2	1,000.00
Address 258 East Lane Ave.		Purpose Consulting Fees					
City Columbus	State O	H	Zip Code 43201	Check Number 1317			
To Whom Paid Ohio Democratic Party				M	D	Y	Amount
				1	0	3	3,777.80
Address 271 East State St.		Purpose Direct Mail					
City Columbus	State O	H	Zip Code 43215	Check Number 1318			
To Whom Paid Ohio Democratic Party				M	D	Y	Amount
				1	0	3	10,083.70
Address 271 East State St.		Purpose Direct Mail					
City Columbus	State O	H	Zip Code 43215	Check Number 1319			
To Whom Paid Policy Works				M	D	Y	Amount
				1	0	3	3,500.00
Address 83 Parsons Ave., Ste C		Purpose Media Consultant					
City Columbus	State O	H	Zip Code 43215	Check Number 1320			
To Whom Paid Columbus Post				M	D	Y	Amount
				1	0	3	767.70
Address 172 East State Street		Purpose Media Ad					
City Columbus	State O	H	Zip Code 43215	Check Number 1321			
To Whom Paid The Communicator News				M	D	Y	Amount
				1	0	3	300.00
Address P.O. Box 1232		Purpose Media Ad					
City Worthington	State O	H	Zip Code 43085	Check Number 1322			

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Kevin L. Boyce for City Council Committee									
To Whom Paid Expenditures from Form 31-F						M 1	D 0	Y 2	Amount 385.00
Address				Purpose					
City				State	Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Kevin L. Boyce for City Council Committee									
To Whom Paid Creative Cuisine						M	D	Y	Amount
						1	0	2	7
						0	5	200.00	
Address 839 Busch Court				Purpose Food					
City Columbus				State O	H	Zip Code 43229		Check Number 1313	
To Whom Paid Columbus Metropolitan Club						M	D	Y	Amount
						1	0	2	7
						0	5	185.00	
Address 100 E. Broad St.				Purpose Facility Rental					
City Columbus				State O	H	Zip Code 43215		Check Number 1314	
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	H	Zip Code		Check Number	
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	H	Zip Code		Check Number	
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	H	Zip Code		Check Number	
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	H	Zip Code		Check Number	
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	H	Zip Code		Check Number	
To Whom Paid						M	D	Y	Amount

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.